

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042442

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317  
F11 NOV 7 1963

500

3073

VS 300  
Rev. 4/59

4000

2 2/6

3

4 1

5 2

6

7 1

8 2

9 422.1

10

11

12 86-0

13

88

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

DATE AMENDED

ITEM NO.

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Winchester

Length of stay in 1b

2 Months

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Manchester Nursing Home

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

3304 Magnolia Ave

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Lillie

Middle

Emmaline

Last

Story

## 4. DATE OF DEATH

Month

OCT.

Day

4

Year

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married

Widowed ☒

## 8. DATE OF BIRTH

11/9/1878

## 9. AGE (last birthday)

84

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

## 10b. KIND OF BUSINESS OR INDUSTRY

Own Home

## 11. BIRTHPLACE (City and state or country)

Bowie, Texas

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Smith

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Benjamin Franklin Story

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

## 17. INFORMANT

Address

Mrs Tony Conigliaro 4254 McRee Ave

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

CHRONIC MYOCARDITIS

## INTERVAL BETWEEN ONSET AND DEATH

?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

ARTERIOSCLEROSIS

#### DUE TO (c)

SENILITY

422.1

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

NONE

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from APRIL 1, 1963 to OCT. 4, 1963 and last saw her alive on OCT. 4, 1963

Death occurred at 2:15 P on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

B.R. Loving M.D.

## 22b. ADDRESS

BALLWIN, Mo

## 22c. DATE SIGNED

10-4-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

10/8/63

## 23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Gardens

## 23d. LOCATION (City, town, or county)

St. Louis Co. Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Alexander & Sons 6175 Delmar Blvd

## 25. DATE RECD. BY LOCAL REG.

10-7-63

## 26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address 17

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.